

Information to Write on Order Requisitions or Tube Label to go to Department of Laboratory Medicine

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| | Print order requisition with following information or write needed information on order requisition; send to DLM | |
| CRIS test name | | 7/ 21/ 04 |
| No BAR CODE Label- Specimens sent to the lab with label other than Bar Code Label (e.g. Admissions label) | Order Requisition must always accompany specimen | |
| DRUGS | | |
| Acetaminophen | Time of draw | |
| Amikacin | Time, date, route of dose; time of draw; start-stop times of IV dose | |
| Carbamazepine | Time, date, route of dose; time of draw | |
| Cyclosporin | Time, date, route of dose; time of draw | |
| Digoxin | Time, date, route of dose; time of draw | This information must be written and sent with drug test order requisitions. If this information is missing, the test will be performed and a result comment attached to notify physician that additional information (dose, route, time) may be required for proper result interpretation. |
| Gentamicin | Time, date, route of dose; time of draw; start-stop times of IV dose | |
| Lithium | Time, date, route of dose; time of draw | |
| Methotrexate | Time, date, route of dose; time of draw, start-stop times of IV dose | |
| Phenobarbital | Time, date, route of dose; time of draw | |
| Phenytoin | Time, date, route of dose; time of draw | |
| Tacrolimus | Time, date, route of dose; time of draw | |
| Tobramycin | Time, date, route of dose; time of draw, start-stop times of IV dose | |
| Valproic Acid | Time, date, route of dose; time of draw | |
| Vancomycin | Time, date, route of dose; time of draw; start-stop times of IV dose | |
| Sirolimus | Dose, Time and date of last dose, time of draw | |
| Itraconazole | Pre, Post, or Random; Time and date of draw, infusion start/stop time, any antimicrobials | Write on Label: Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random) |
| Flucytosine | Pre, Post, or Random; Time and date of draw, infusion start/stop time, any antimicrobials | Write on Label: Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random) |
| Sulfamethoxazole | Pre, Post or Random; Time and date of draw, infusion start/stop, dose | Write on Label: Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random) |
| Sulfonamides | Pre, Post or Random; Time and date of draw, dose, type of Sulfonamide | Write on Label: Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random) |
| Sulfadiazine | Pre, Post or Random; Time and date of draw, dose, type of Sulfa drug | Write on Label: Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random) |
| CRIS test name | Print order requisition with following information or write needed information on order requisition; send to DLM | |

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| BLOOD GASES | | |
| Blood Gas, Art. | FIO2, temperature | |
| Cooximeter Panel, Art. | FIO2, temperature | |
| Chem2,WB,Art. | FIO2, temperature | |
| Chem2,WB,Art,OR | FIO2, temperature | |
| Blood Gas, Ven. | Temperature | |
| Cooximeter Panel, Ven. | Temperature | |
| Chem2,WB,Ven. | Temperature | |
| Chem2,WB,Ven,OR | Temperature | |
| Microbiology Specimens | Send order requisitions for all Microbiology specimens | |
| MISCELLANEOUS | | |
| 24 hour Urine Tests | If Aliquot, Total volume of collection; date and time of collection | |
| A.M. list draws combined with later timed draw order | | Send any extra bar code labels with the specimen |
| Amino Acid Quant, 1-5, Serum | List up to 5 specific Amino Acids to be tested | |
| Anti-Pneumococcal AB, Anti-Diphtheria, Haemophilus influenza B, Tetanus, Meningococcal | Pre, Post or Random | Write on Label: Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random) |
| Anti Xa Low Molecular Weight Heparin | | Write on Label: Time of the draw post injection |
| Body Fluid Tests | Type of body fluid | |
| Bone Marrow Analysis | Contains required patient information | |
| Chemo Differentials | | Mark Label with Red dot |
| CSF specimens | | Write on Label: Number of tube drawn |
| Indinavir, If patient is on | | Write on Label: INDINAVIR |
| Mail in specimens | Date of Specimen Collection | Write on Label: "MI" or mail in |
| N-Methylhistamine, Ur | Indicate if Pt is on antihistamines. Volume if 24 hr collection | |
| Ntx-Telopeptides, Ur | Indicate if 24hr collection or random (must be other than 1st AM void). | |
| Organic Acids, Ur | Indicate suspected organic acids | |
| Research Blood, Urine, Other | Print requisition, send to performing lab | Write on Label: Collection time if required |
| Sendout Tests, "OTHER" | Name of approved Test | |
| Serial Tests | Write date of collection; Send Test requisition that includes specimen collection times; indicate time points variances | Send empty tube if time skipped (blood not drawn for that time point); send unused labels at end of sequence or empty tubes if already labeled. |
| Timed test | | Write on Label: Time of draw |
| WBC STR Profile | Donor and recipient names | |
| Xylose-5gm dose, 5hr,ur | Dose and Time given, time drawn | |
| Xylose-25gm dose, 5hr,ur | Dose and Time given, time drawn | |